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ABSTRACT

The primary emphasis in mainstreaming hard of hearing children should be on providing the opportunity for optimum use of residual hearing. Evidence of the lack of attention to this area includes the fact that many children who have hearing aids do not wear them. Well trained educational audiologists acting as supportive personnel would enhance the effectiveness of mainstreaming for hard of hearing children. (LS)

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POSITION PAPER: MAINSTREAM EDUCATION OF THE HEARING IMPAIRED CHILD

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AUDIOLOGICAL CONSIDERATIONS

The term "hearing-impaired" is used here, and is most often used, as a generic term to refer to a child with <u>any</u> degree or type of hearing loss. Under this rubric, we find that the actual extent of the hearing loss can range from mild to extremely profound. As an audiologist, my ministrations can be <u>most</u> effective with children who possess the <u>most</u> residual hearing, that is the functionally "hard of hearing" rather than the "deaf" child. Depending upon the definition we use, there are approximately ten to thirty times more of them in our schools than "deaf" children. For the most part, these hard of hearing children have always been "mainstreamed"; unfortunately, until recently, they've also been largely ignored. Unlike the "deaf" child, this child's primary avenue for the reception and development of speech and language is through the auditory channel, impaired though it may be. This fact should be the focus of our greatest efforts, but unfortunately, it seems to be largely overlooked and ignored in practice.

We must keep in mind a simple, though often overlooked, point; and that is, that <u>the major problem of most hearing-impaired children is that they have trouble hearing</u>. I'm not being facetious. Let's think about it for a moment. They are our concern as "special" children precisely because of the consequences of a hearing impairment. The speech, language, academic, and psycho-social problems they manifest have, as their primary root, the hearing loss. Only secondarily does the superimposed array of individual variabl exert their interactive, complicating influence. I am thinking here of such factors as personal variations in intelligence, parental involvement, and educational

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management factors which can mitigate or exacerbate the basic problem. But, by our very definition of what constitutes a hearing-impaired child, the hearing loss is their primary problem and the one which we must devote our initial, concentrated, and continuing attention. This doesn't happen very often, and it is this lack in which I think lies the primary reason we have been and are continuing to fail with these children.

As children with hearing impairments, as opposed to children's needs in general, there is nothing we can do for them that is more important than ensuring that we provide the opportunity for them to maximally exploit their residual hearing. Audition is the foundation with which speech and language is normally, and most effortlessly developed. Reading and other academic achievements are parasitic and are based upon the language competencies normally developed through audition. No books, pencils, pens, media, tutoring, learning modules, competency descriptions, performance indices, task-level instructions, diagnostic-prescriptive teaching, etc. and etc. are more important, or have greater implications, than the simple provision of appropriate and supervised use of ~~hearing aids.~~ WARRANCE AMPLIFICATION. The instructional process, in the mainstream and out, cannot be maximally effective until we ensure that the auditory channel has been maximally exploited. And then, and only then, can our other efforts pay the dividends we hope for.

The fact that a child is wearing a hearing aid is not evidence that we have fulfilled our obligations in this respect. I'd like to read a rather sad litany of proven events which usually occur, and which preclude our youngsters from achieving a reasonable access to the crucial auditory channel.

1. Many hearing impaired children who are candidates for hearing aids do not possess them.

2. Many children who have hearing aids seldom, if ever, wear them.

3. Over a half a dozen studies have documented the lamentable fact that over 50% of children's hearing aids are either inoperable or grossly inadequate.

4. The electroacoustic responses of a hearing aid must be "tailored" to generally fit the unique pattern of hearing losses demonstrated by different children; this is rarely accomplished.

5. Many children possess monaural hearing aids when the evidence indicates that they would be better served with binaural hearing aids.

6. The noise and reverberation in the average classroom virtually precludes the reception of an intelligible speech signal being processed through a hearing aid.

My contention is that we will make no progress in alleviating this situation until we first accept the notion that a significant problem exists. Once we recognize the centrality of this problem, the fact that it is setting limits and restricting all our other efforts, then we've taken the first step to a solution. In brief, what I think we need is well-trained and equipped educational audiologists (IN ADDITION TO UPGRADED AND RE-TOOLED SPEECH PATHOLOGISTS) as supportive personnel on the educational scene, to be physically present in schools and administratively connected to the educational program. And then I think we'll see the possibilities of effective "mainstreaming" for our hard of hearing youngsters.